

The Indian Health Service's Improving Patient Care (IPC) Initiative:

American Indians and Alaskan Native people face high rates of illness, disability, and death from chronic and preventable diseases. To address the health challenges and disparities facing our people today, the Institute for Healthcare Improvement (IHI) and the Indian Health Service (IHS) launched a partnership in 2006 to support the planning and implementation of the Improving Patient Care (IPC) program (initially known as the Chronic Care Initiative, then Innovations in Planned Care).

Through the IPC program, we are learning together how to build the system of care American Indian and Alaska Native people deserve, by following the IHI's model for improvement. The model for improvement uses evidence-based measures and processes to improve clinical prevention, management and prevention of chronic conditions, and also the patient experience by,:

- Ensuring access to primary care for all American Indian and Alaska Native people;
- Providing high-quality primary care;
- Coordinating care across the continuum or integrating primary care, inpatient care, and the community;
- Acting on the guidance of the community and of Tribal Leadership; and
- Making real and measurable improvements in care.

Across the nation, 38 pilot sites in the second phase of IPC (IPC II) began work in the fall of 2008 with the ambitious expectation that participating organizations would show improvement within 18 months in preventive care, management of chronic conditions, and the experience of care, while maintaining financial viability. They are building on lessons learned in the first phase of IPC, testing the set of changes derived from that work, and further refining the use of measures to guide these changes. Of these 38 pilot sites, four are located in Alaska:

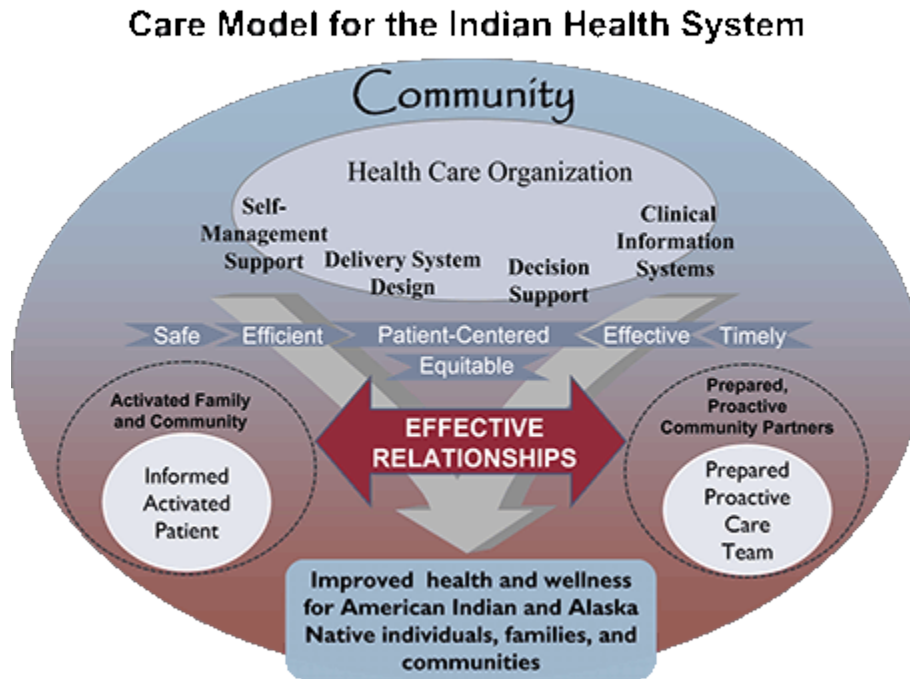
- Chugachmiut
- Eastern Aleutian Tribes
- Tanana Chiefs Conference
- Southeast Alaska Regional Health Corporation

UPDATE – the following Alaska Tribal Health System sites have joined the above in IPC III:

- Tanana Chief Conference
- Southeast Alaska Regional Health Corporation
- Copper River Native Association
- Bristol Bay Area Native Association
- Norton Sound Regional Hospital
- Aleutian Pribilof Islands Association
- Maniilaq Health Center
- Kodiak Area Native Association
- Kenaitze Indian Tribe (Dena'ina Health Clinic)
- Ketchikan Indian Community
- Annette Island Service Unit (Metlakatla)

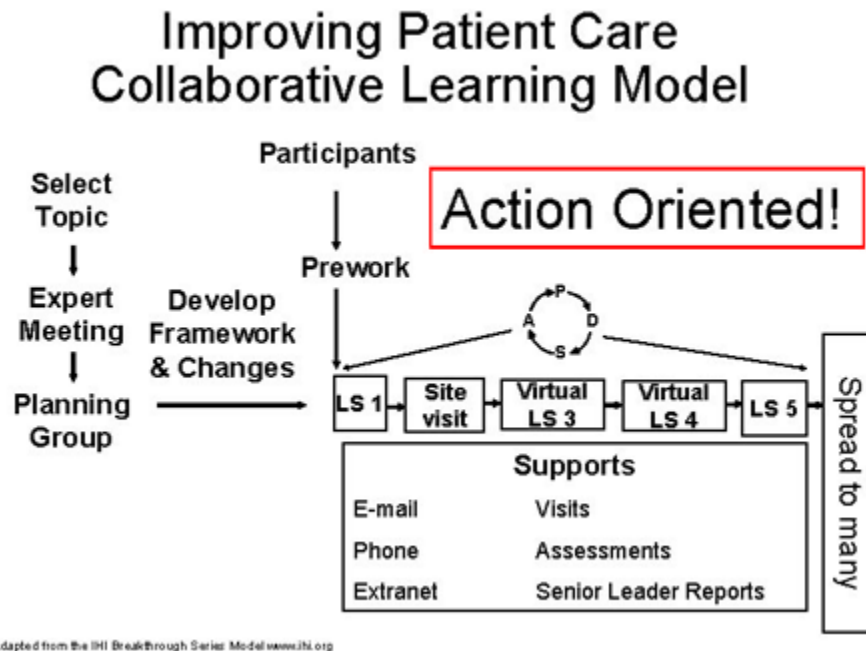
IPC Models for Improving Care

Care Model



The IPC Care Model is adapted from the Care Model developed by the MaColl Institute. This model identifies the essential elements of health care systems that provide safe, efficient, patient centered, effective, timely and equitable care. At the heart of this model are the relationships between a prepared, proactive care team and an informed activated patient that are essential for improving health and wellness of the population. The model can be applied to a variety of chronic illnesses, preventive services, health care settings and target populations.

Collaborative Learning Model



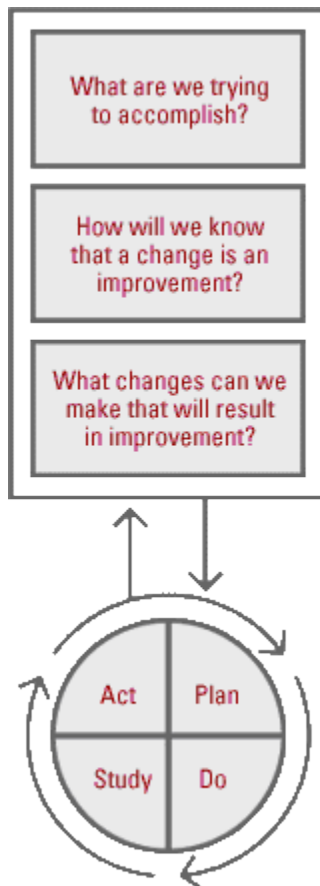
The Collaborative Learning Model is central to improvement methodology and accelerates learning. The IPC process creates a learning community through face to face meetings of the improvement teams, regular web-based teleconferences and ongoing listserv dialogue for sharing questions, ideas, experience, and information. For example, a topic for improvement is selected. Framework and changes are developed following an expert meeting and planning group. Participating sites perform prework to get ready for a series of learning sessions aimed at facilitating framework implementation. These can occur over the phone, email using the extranet, through assessments, Senior Leader Reports, and site visits. Once the framework and changes have been tested and shown to be effective at improving the issue raised, the goal is to engage other facilities in implementing the framework and changes in their setting.

Model for Improvement:

The Model for Improvement, developed by Associates in Process Improvement, is a simple yet powerful tool for accelerating improvement. The model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement. This model has been used very successfully by hundreds of health care organizations in many countries to improve many different health care processes and outcomes.

The Improvement model has two parts:

- Three fundamental questions, which can be addressed in any order.
- The Plan-Do-Study-Act (PDSA) cycle** to test and implement changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.



Setting Aims

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes

All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

Testing Changes


The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Implementing Changes

After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

Spreading Changes

After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

*Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance](#) .

**The Plan-Do-Study-Act cycle was developed by W. Edwards Deming ([Deming WE. The New Economics for Industry, Government, Education](#) ).